HCAi
Department of Health Care Access and Information

Health Care Payments Data Program Submitter Group

January 13,2022

Welcome

Starla Ledbetter, Chief Data Officer, HCAI

Today's Agenda

- Welcome and Key Program Updates
- HPD Program Regulations
- HPD Data Submission Guide (DSG) & Reporting Manual
- Claims Versioning
- Use Case Spotlight: Importance of Collecting Race/ Ethnicity/ Language (REaL) Data
- Submitter Outreach
- 2022 Timeline for HPD Data Submissions
- Adjournment

Key Program Updates

- October Advisory Committee meeting
  - Principles for public reporting
- January Advisory Committee meeting
  - Data access and release
- Q & A from October Data Submitter meeting

Emergency Regulations

- Adopted 12/20/2021
- Key changes from initial draft:
  - expansion of historical data (June 29, 2017 – December 2021)
  - inclusion of dental data (2024)
  - change in initial registration date
- Other key dates
  - Testing completed by July 29, 2022
  - Historical data submitted by October 28, 2022

HPD Data Submission Guide (DSG) & Reporting Manual

Greg Dawson, HPD Consultant

Data Submission Guide (DSG)

- Updates to the previous draft version:
  - Testing requirement
  - Inclusion of Dental Data (Due in 2024)
  - Expansion of available historical data
    - Was: 2019, 2020, 2021
    - Now reflects the statute: Back to July 2017
    - HCAI will work with plans directly on this requirement

HPD Reporting Manual

- Consists of discussion and comments related to the implementation of the regulations
- Not part of the regulatory package - more informal update cycle
- Intended to be a helpful document for plans and submitters

Reporting Manual Content

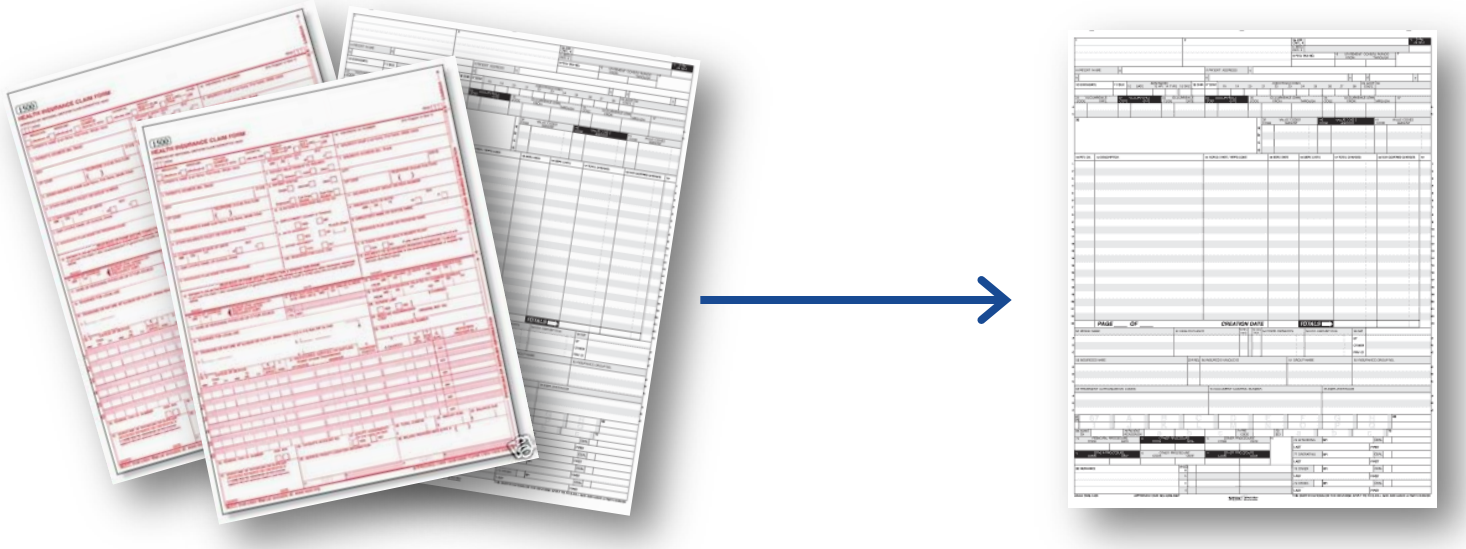
- Regulations
  - Due dates
  - Scenarios
- File Submission
  - Acceptance criteria
  - Denied lines
  - Submission scenarios
- Data Variances
- Claim/Encounter Versioning
- Notes on:
  - File naming conventions
  - Fee-For-Service equivalents
  - Values for Product Category Code (CDLME004)
  - Code sets for race and ethnicity
- Data to be submitted
  - Medicare Advantage
  - Behavioral Health
  - Physician Administered Drugs

Claims Versioning

Gina Robertson, Onpoint

What is Claim Versioning?

- Claim versioning (also known as “claim consolidation”) is the process of combining a submitted claim or encounter, any adjustments, and any denials to reach one single, “final” claim



What is Claim Versioning? (cont.)

- There are two primary approaches to claim versioning:
  1. **Aggregation:** The summation of dollar amounts, quantities, and other quantifiable fields across an original claim, its reversals, and its adjustments to reach a claim's final values
  2. **Line-level versioning:** The selection of a final claim based on the latest adjustment submitted

Example of Adjustment: Aggregation

Service lines reported by the submitter

	Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Paid Date	Procedure Code	Quantity	Charge Amount	Plan Paid Amount
Original claim	123	01	1	0	20210201	20210220	99213	1	250.00	135.00
Reversal claim	123	22	1	0	20210201	20210331	99213	-1	-250.00	-135.00
Adjustment claim	123	01	1	0	20210201	20210331	99213	1	300.00	180.00

Final claim derived by Onpoint

	Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Paid Date	Procedure Code	Quantity	Charge Amount	Plan Paid Amount
Final claim	123	01	1	0	20210201	20210331	99213	1	300.00	180.00

Example of Adjustment: Versioning

Service lines reported by the submitter

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Original claim	123	01	1	0	20210201	20210220	99213	1	250.00	135.00
Adjustment claim #1	123	01	1	1	20210201	20210331	99213	1	250.00	180.00
Adjustment claim #2	123	01	1	2	20210201	20210331	99213	1	300.00	180.00

Final claim derived by Onpoint

	Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Paid Date	Procedure Code	Quantity	Charge Amount	Plan Paid Amount
Final claim	123	01	1	2	20210201	20210331	99213	1	300.00	180.00

Example of Denied Claim: Aggregation

Service lines reported by the submitter

	Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Paid Date	Procedure Code	Quantity	Charge Amount	Plan Paid Amount
Original claim	123	01	1	0	20210201	20210220	99213	1	250.00	135.00
Reversal claim	123	22	1	0	20210201	20210331	99213	-1	-250.00	-135.00
Adjustment claim	123	04	1	0	20210201	20210331	99213	1	0.00	0.00

Final claim derived by Onpoint

	Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Paid Date	Procedure Code	Quantity	Charge Amount	Plan Paid Amount
Final claim	123	04	1	0	20210201	20210331	99213	1	0.00	0.00

Example of Denied Claim: Versioning

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Final claim	123	04	1	2	20210201	20210331	99213	1	0.00	0.00

Reaching Onpoint for Support

- Team of experienced Data Operations Analysts
- Support will always be one click, phone call, or email away

  hpd-support@onpointhealthdata.org

Use Case Spotlight: Importance of Collecting Race/Ethnicity/Language (REaL) Data

Dionne Evans – Dean,
Cost Transparency Section Manager, HCAI

Presentation Objectives

- HPD Program Goals.
- Race, ethnicity, and language data (REaL) often lacking within APCDs.
- REaL data can be used to learn/improve social determinants of health (SDOH).
- Use case examples of REaL data and SDOH.
- REaL data collection resources.
- HCAI's continuing efforts in supporting REaL data collection.

HPD Program Goals

1. Provide public benefit for Californians and the state while protecting individual privacy.

2. Increase transparency about health care costs, utilization, quality, and equity.

3. Inform policy decisions on topics including the provision of quality health care, improving public health, reducing disparities, advancing health coverage, reducing health care costs, and oversight of the health care system and health care companies.

4. Support the development of approaches, services and programs that deliver health care that is cost effective, responsive to the needs of Californians, and recognizes the diversity of California and the impacts of social determinants of health.

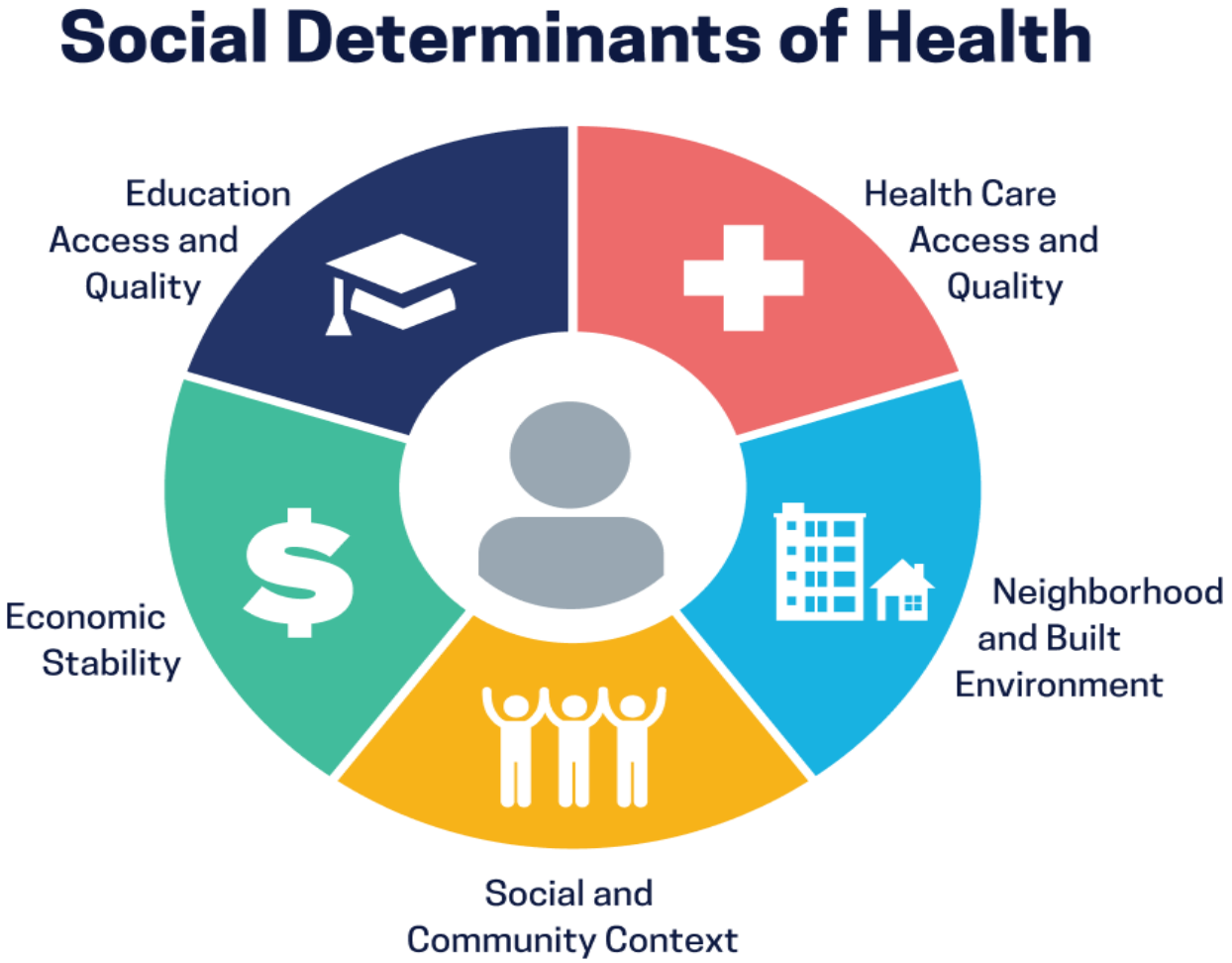
5. Support a sustainable health care system and more equitable access to affordable and quality health care for all.

REaL Data- often lacking or missing

National Association of Health Data Organizations (NAHDO), Data Quality Forum, Cross State Metrics to Assess Data Quality analysis

- At hospital discharge R/E collected more often
  - 91% for race and 65% for ethnicity
- Compared to collected by APCDs
  - 28% for race and 11.5% for ethnicity

REaL Data and SDOH



- SDOH are conditions in the environment where people are born, live, learn, work, etc. and can be grouped into five domains.
- REaL data provides necessary information to understand SDOH.
- HPD will be positioned to provide essential data to understand Health Care Access and Quality.

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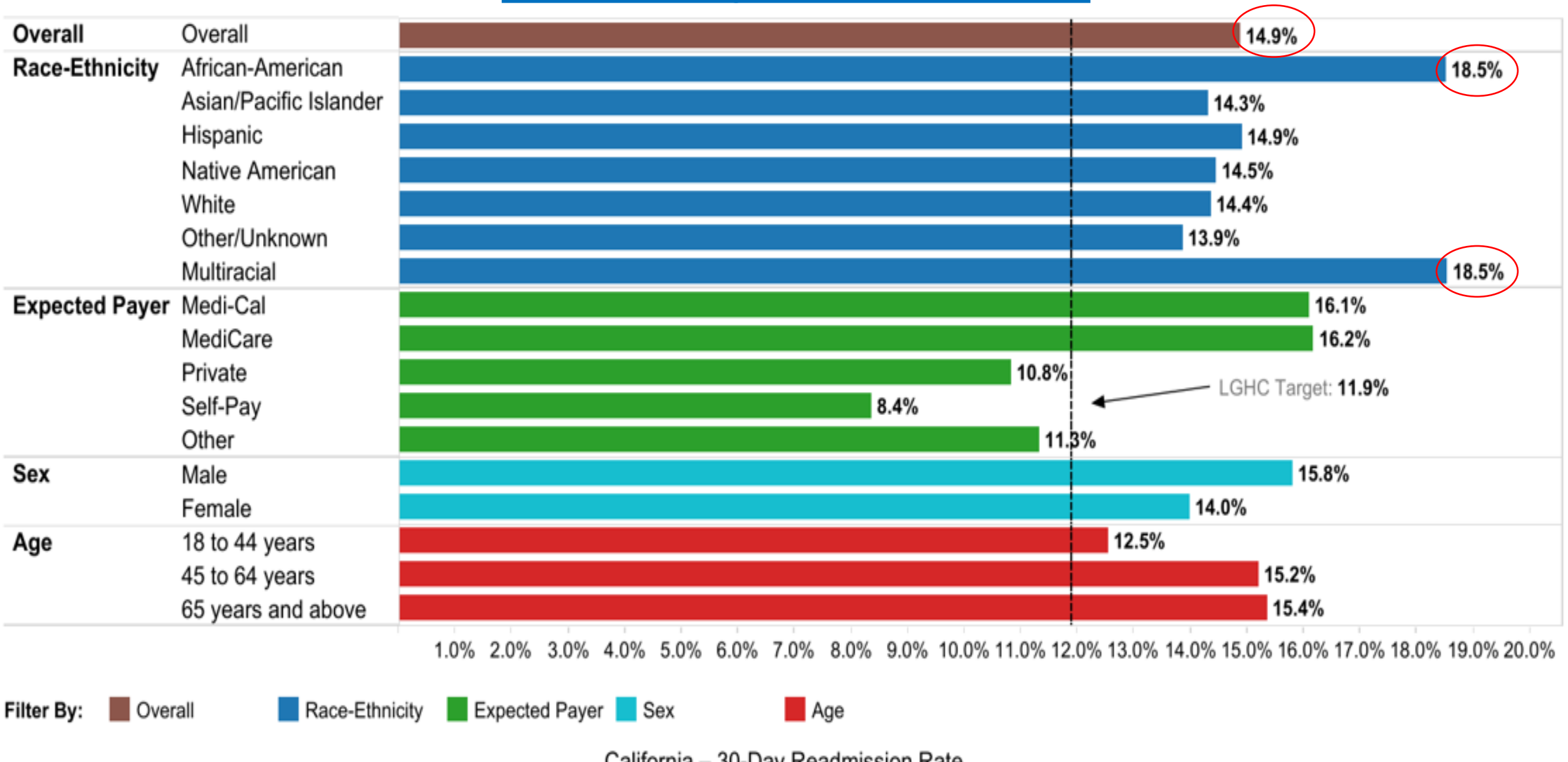
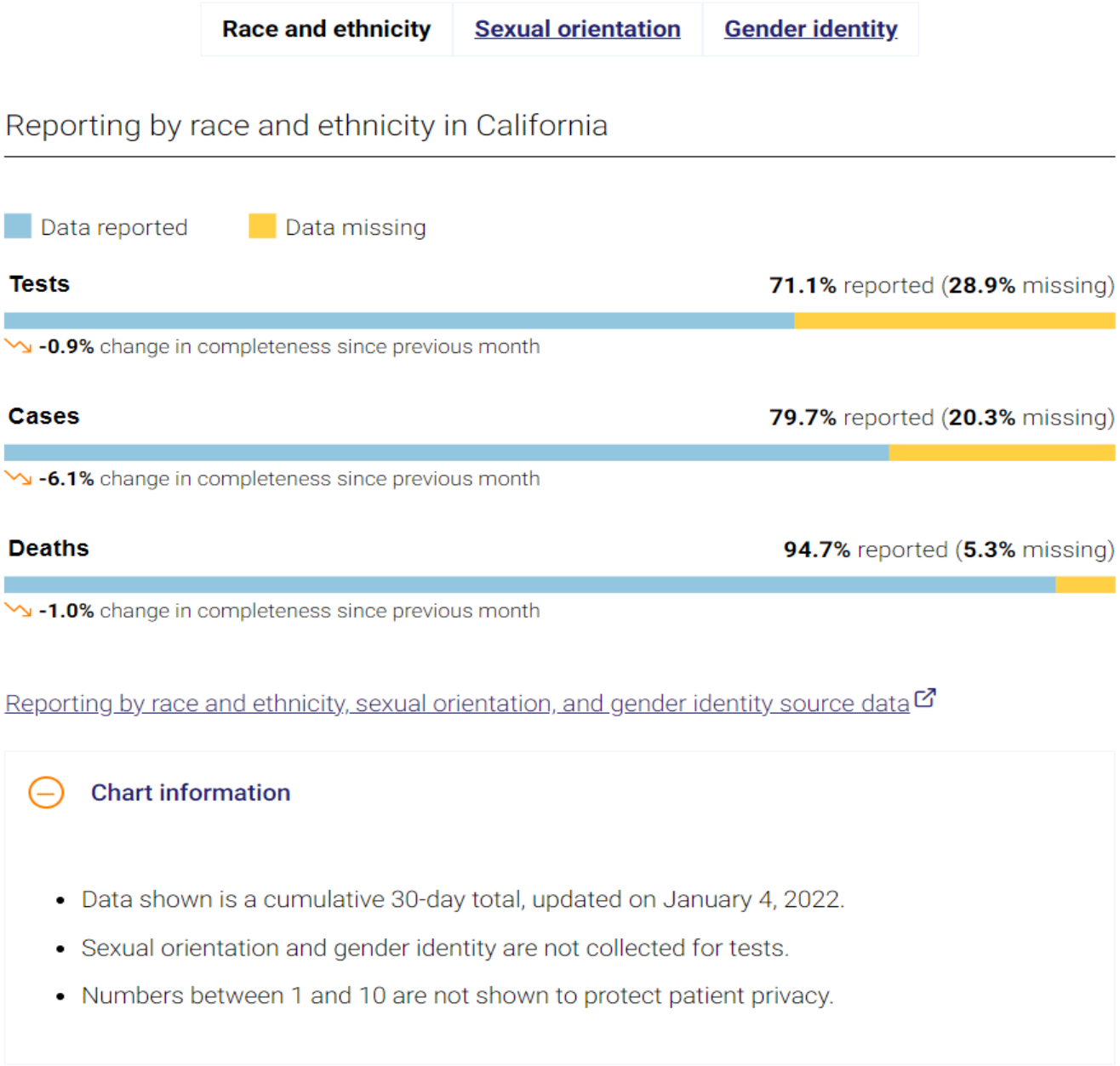
REaL Data-HCAI Patient Discharge Data and Rate of Unplanned Hospital Readmission in California, Let's Get Healthy California (LGHC) 2019



REaL Data and COVID-19 Pandemic



[National Academy For State Health Policy (NASHP) Virtual Summit on State Initiatives]

- Highlight of California Department of Public Health's [COVID 19 Equity Metrics].
- Data completeness missing for R/E, particularly for COVID tests.
- CDPH made [regulation changes] requiring providers and laboratories to collect REaL data.

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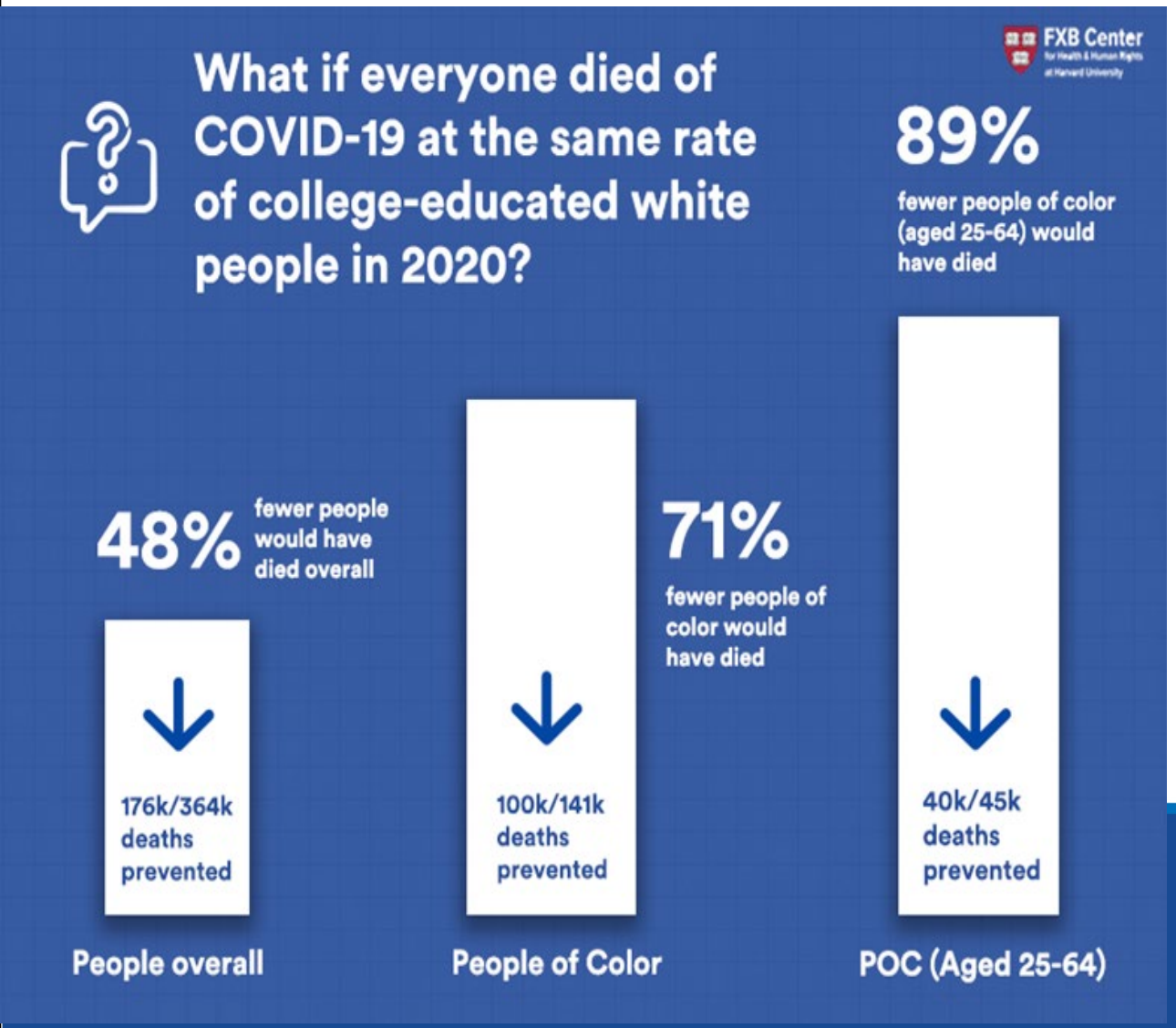
REaL Data and COVID 19 Pandemic in SDOH context



- November 2021 NAHDO webinar with Robert Wood Johnson Foundation.
- Article by Justin M. Feldman and Mary T Bassett, FXB Center for Health and Human Rights at Harvard University. "Variation in COVID-19 Mortality in the US by Race and Ethnicity and Educational Attainment"

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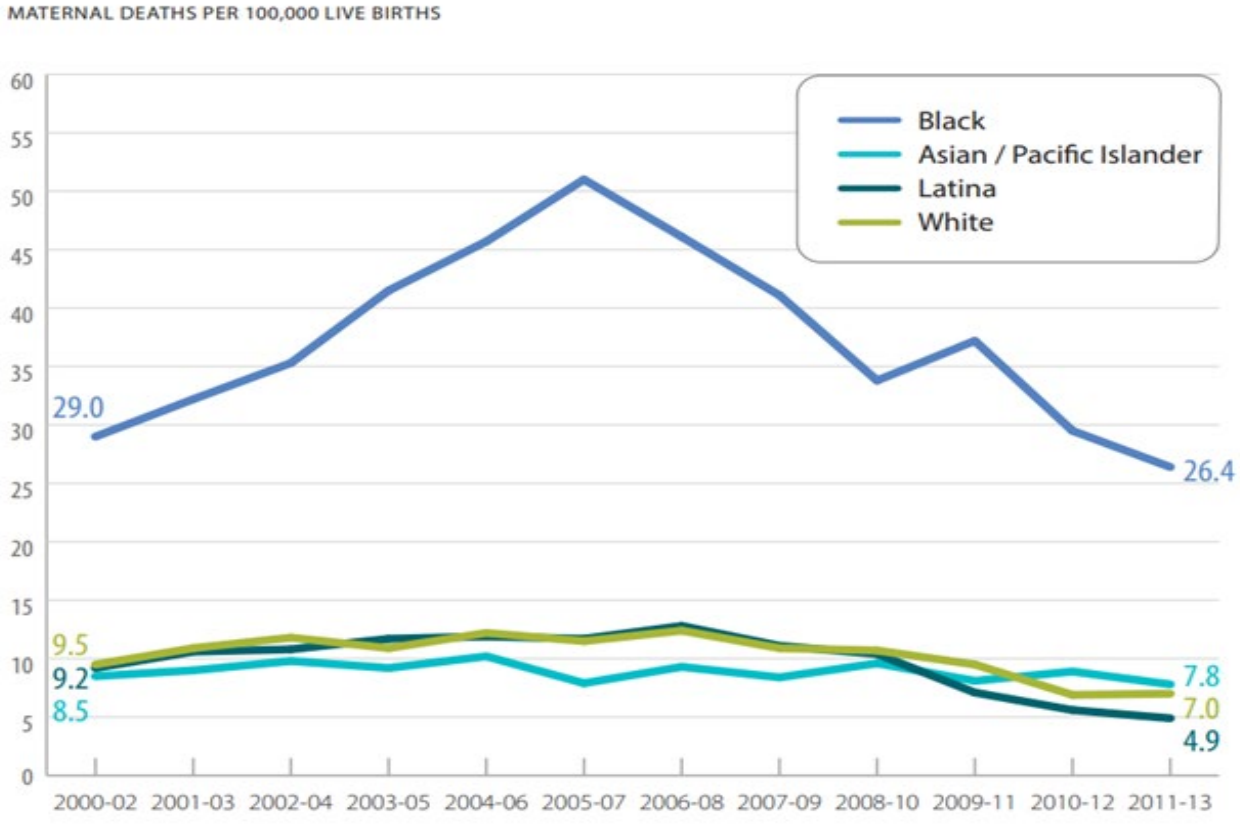
REaL Data-Maternal and Infant Mortality Disparities

- Racial disparities in maternal and infant mortality is a long-standing SDOH and Public Health issue.
- National Institutes of Health reexamined death certificates between 2016 and 2017. Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016–2017 | AJPH | Vol. 111 Issue 9 (aphapublications.org)
  - Results suggest the rate of maternal mortality of non-Hispanic Black women is 3.5 times than non-Hispanic White women.
  - Previous analysis suggested the rate to be 2.5 times higher.

REaL Data and SDOH-Maternal and Infant Mortality in California, [CHCF Health Care Almanac, Maternity Care in CA]

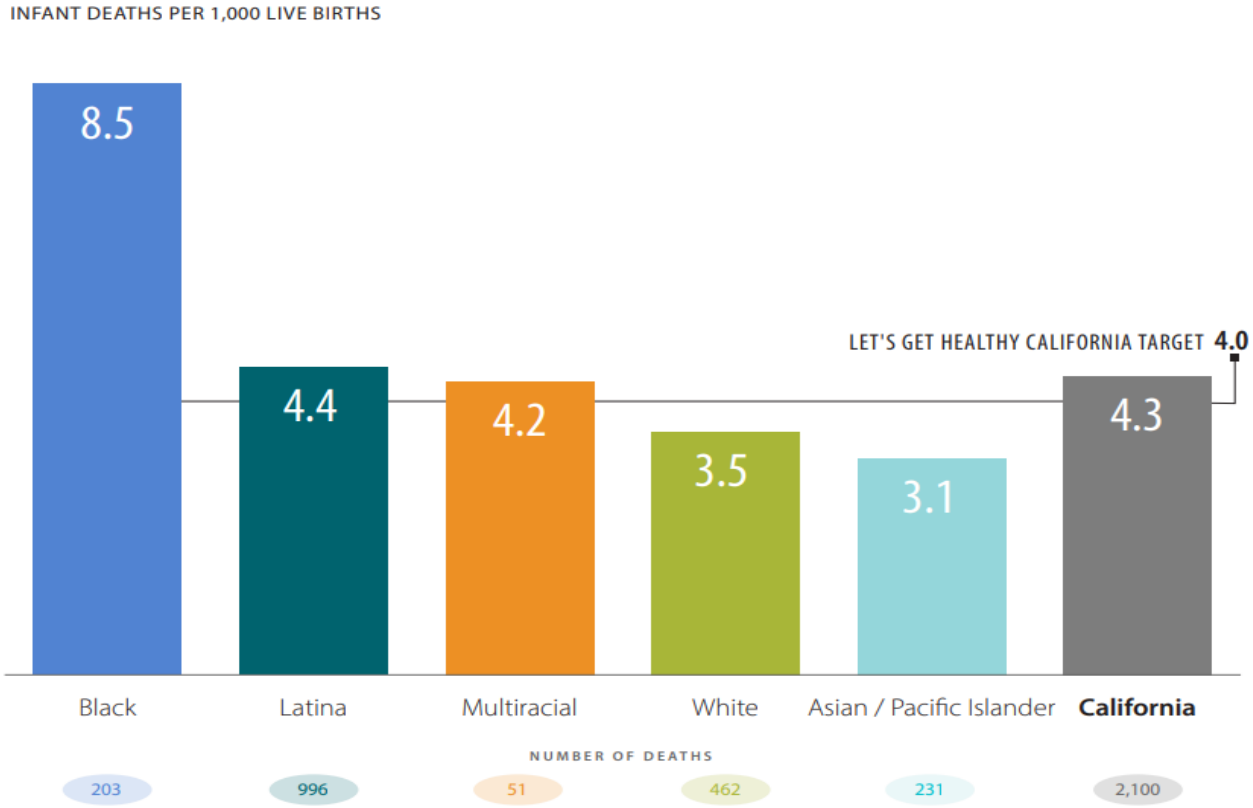
Maternal Mortality, by Race/Ethnicity
California, 2000 to 2013



Note: *Maternal mortality* refers to deaths 42 days or less postpartum. Three-year moving average is used. Source uses *African American* and *Hispanic*.

Sources: *The California Pregnancy-Associated Mortality Review: Report from 2002 to 2007 Maternal Death Reviews* (PDF). California Dept. of Public Health, Spring 2018.

Infant Mortality, by Race/Ethnicity
California, 2016



Notes: *Infant* is under one year. Data source uses *African American, Hispanic,* and *Multi-race.* In 2016, there were fewer than 10 Native American infant deaths, and 150 infant deaths where race/ethnicity was unstated or unknown.

Source: Custom data request, California Dept. of Public Health, received June 24, 2019.

Resources for REaL Data Collection

- National resources
  - Centers for Disease Control- Race and Ethnicity Standards
  - Centers for Medicare and Medicaid Services- Inventory of Resources for REaL data collection
  - Agency for Healthcare Research and Quality- Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement, Improving Data Collection across the Health System

HCAI's Continuing Efforts to Support REaL Data Collection

- UCLA study –Improving Race, Ethnicity and Language Collection in California.
- Patient Data Section collect inpatient, emergency, and ambulatory surgery records including R/E, and SDOH health codes.
- Healthcare Workforce Research Data Center collects demographic data from the Department of Consumer Affairs healing arts boards licensed providers.

- HPD sees this an opportunity to understand from submitters the limitations with collecting REaL data and learn how we may assist with removing those barriers.
  - Contact us at HPD@hcai.ca.gov

- THANK YOU!

Submitter Outreach

Greg Dawson, HPD Consultant

Outreach Status

- HCAI has met with:
  - All identified mandatory commercial submitters
  - A number of public self-insured entities (Non-ERISA)
  - Administrative Services Only (ASO) submitters
- Meetings are being set up with:
  - Specialized pharmacy plans
  - Specialized behavioral health plans

Types of Outreach

- Introductory Meeting (33)
  - Introduce HPD
  - Overall timeline
- Technical Meeting (21)
  - APCD CDL
  - Platform vendor
  - Edits
  - Detailed timeline
- Walkthrough of the Intake Specifications (13)

Next Phase

- Submitter Check-In (January/February)
  - Follow-up on any questions
  - Introduce Onpoint Health Data and HCAI staff
  - Introduce the HPD Reporting Manual (Draft)
  - Review submitter timeline
- Submitter Training (March/April)
  - Registration
  - File Submission

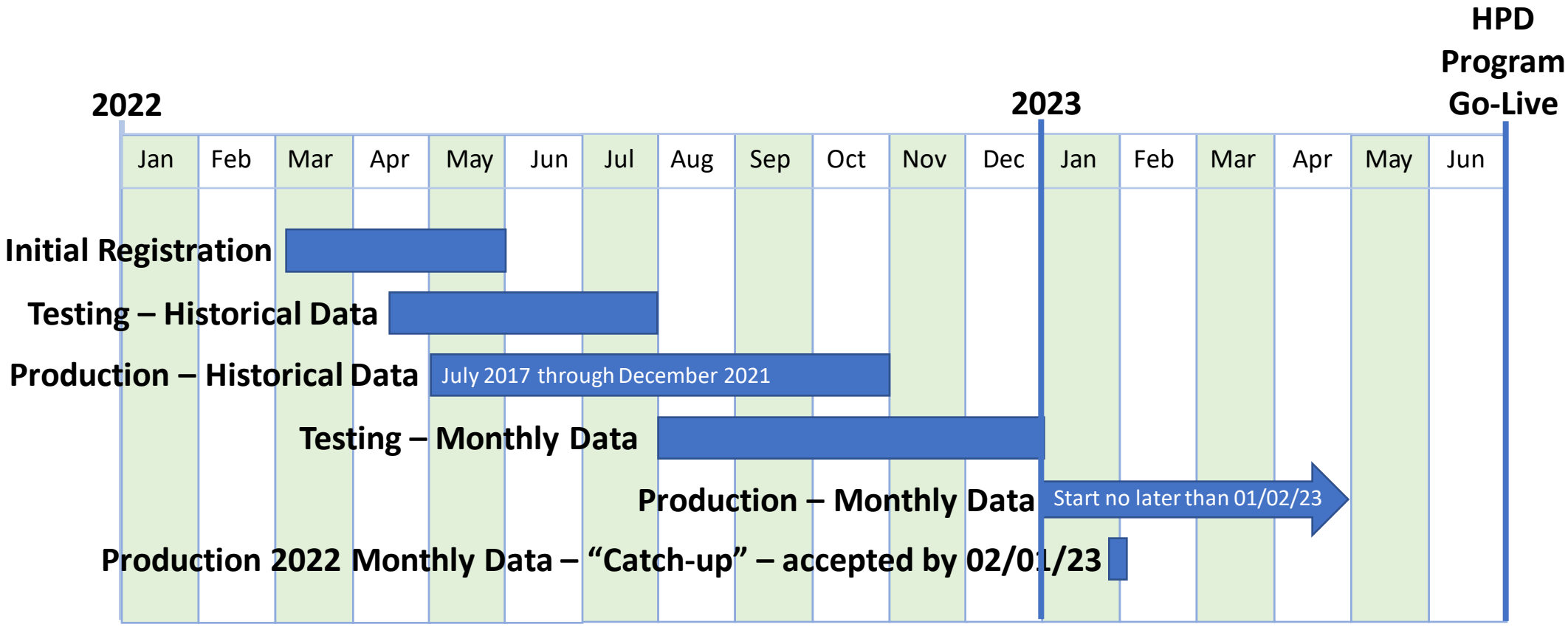
Available Documentation

- HPD Emergency Regulations
- Data Submission Guide (Incorporated in the Emergency Regulations)
  - Includes Intake Specifications
- HPD Reporting Manual (Draft)
- APCD CDL ™ specifications

2022 Timeline for HPD Data Submissions

Greg Dawson, HPD Consultant

2022 Timelines



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File Processing

- System edits and processing is consistent across all submissions
- The same acceptance criteria and the same edits will be applied to test files, historical data and production monthly submissions
- There are two file submission methods;
  - Direct upload while logged into the Onpoint CDM
  - Secure File Transfer Protocol (SFTP)
- The same submission methods apply to all data whether test or production

Registration

- Two separate phases of registration
  - Plans - Opens March 7, 2022
  - Submitters – Opens April 4, 2022
- Plan registration needs to be complete before submitter registration can begin
- Registration should be completed by May 27, 2022
- HPD aim is to work with all plans/submitters ahead of time to assist in making this process as streamlined as possible

Testing Historical Data

- Testing for historical data submission can start once registration is complete, as early as April 2022 but must be completed by July 29, 2022
- Suggested test cases will be available for submitters to use
- Submitters can submit test data, modified production data or a full production dataset
- Test files are identified by CDLHD008 = “T”

Production Submission - Historical Data

- Production submission for 2017 (July onwards), 2018, 2019, 2020 and 2021 data can start once registration and testing is complete, as early as May 1, 2022 and must be completed by October 28, 2022
- Data files may be submitted in monthly, quarterly or yearly increments, contact HCAI with questions on any volume concerns that a submitter may have

Testing - Monthly Data

- Testing for monthly data submissions can start once registration is complete and must be completed by December 31, 2022
- Suggested test cases will be available for submitters to use
- Submitters can submit test data, modified production data or a full production dataset
- Test files are identified by CDLHD008 = “T”

Production Submission - Monthly Data

- Monthly production submission can start once testing is complete and must be implemented with the submission of the November 2022 data (January 2, 2023) or an earlier month at the election of the plan

Production Submission – 2022 Catch-Up

- July 2017 through 2021 data must be submitted by October 28, 2022
- Monthly Production submission must be implemented by January 1, 2023
- 2022 catch-up data is for January 2022 through the month before when monthly production submission starts, for example:
  - Plan XYZ implements their monthly production submission with data for September 2022, submitted on October 21, 2022
  - The “Catch-Up” data for Plan XYZ would include January 2022 through August 2022 data
- This catch-up data must be accepted by February 1, 2023

Questions?

- Technical questions, please email: hpd-support@onpointhealthdata.org
- Interpretation of regulations or statutory requirements: hpd@hcai.ca.gov

Adjournment